

MONTHLY USE REPORT FOR ISSUED INSTALLATION INSIGNIAS
NORTH DAKOTA DEPARTMENT OF COMMERCE/DCS
 SFN 58347 (05/06)

Due Date 15 th of each month	Issued To:	
ID Number		
Telephone Number	Insignia Nos. Issued	Insignia Nos. on Hand

I certify that each insignia was affixed only to assigned unit(s) at the location(s) listed below. I herewith consent to all necessary inspections incident to the issuance of insignia.

Signature	Date
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Insignia No. Affixed	Date Affixed	Installer ID	HUD Label	Address

State of North Dakota
 Department of Commerce
 Division of Community Services
 1600 East Century Avenue, Suite 2
 PO Box 2057
 Bismarck, ND 58502-2057